
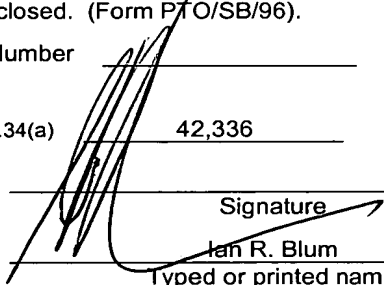


#12
02/12/03

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) J2167.0221/P221																
	In re Application of Thomas Mackay, et al.																	
	Application Number 09/631,810-Conf. #9141		Filed August 3, 2000															
	For: WORKFLOW MANAGEMENT SYSTEM AND METHOD																	
	Art Unit 3624		Examiner G. Akers															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input checked="" type="checkbox"/></td><td style="width: 60%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 25%; text-align: right;">\$ 110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2215</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 42,336</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p>December 8, 2003 Date</p><p>(212) 896-5458 Telephone Number</p></div><div style="width: 50%; text-align: center;"> _____ Signature Ian R. Blum _____ Typed or printed name</div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00																
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$																
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$																
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$																
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$																
<input type="checkbox"/> Total of 1 forms are submitted.																		

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/631,810-Conf. #9141	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 3, 2000	
		First Named Inventor	Thomas Mackay	
		Examiner Name	G. Akers	
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No.	J2167.0221/P221
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
Code (\$)				
1001 770 2001 385				
1002 340 2002 170				
1003 530 2003 265				
1004 770 2004 385				
1005 160 2005 80				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 158 -158** = 0				
Independent Claims 4 -4** = 0				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
Code (\$)				
1202 18 2202 9				
1201 86 2201 43				
1203 290 2203 145				
1204 86 2204 43				
1205 18 2205 9				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater, for Reissues, see above				
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Ian R. Blum		Registration No. 42,336		
Signature		Telephone (212) 896-5458		
		Date December 8, 2003		

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